Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF OHIO		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	you	e the name that is on government-issued ure identification (for mple, your driver's	Rose First name	First name
	licer	nse or passport).	Middle name	Middle name
	iden	g your picture tification to your ting with the trustee.	Nelly-Lescook  Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ude your married or den names.		
3.	you nun Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-0746	

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.  Business name(s)	☐ I have not used any business name or EINs.  Business name(s)
	doing business as names	Business name(s)	Dusiness Hame(s)
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		32325 Franklin Dr. Apt. 204A Solon, OH 44139	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		County County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		21202 Clare Ave. Maple Heights, OH 44137	
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
ò.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Par	Tell the Court About	our B	Bankruptcy Ca	ise					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	choosing to file under	■ Chapter 7 □ Chapter 11							
		□с	hapter 12						
		□с	hapter 13						
В.	How you will pay the fee		about how yo	ou may pay. Typ attorney is sub	pically, if you are paying the fee you	with the clerk's office in your local court fourself, you may pay with cash, cashier's chalf, your attorney may pay with a credit card	eck, or money		
						n, sign and attach the Application for Indiv	iduals to Pay		
			•	Fee in Installments (Official Form 103A).  that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a jud					
			but is not req applies to you	uired to, waive ur family size aı	your fee, and may do so only if you nd you are unable to pay the fee in	ur income is less than 150% of the official properties. If you choose this option, you al Form 103B) and file it with your petition	ooverty line that ou must fill out		
<b>)</b> .	Have you filed for								
<b>,</b>	bankruptcy within the	■ No							
	last 8 years?	☐ Ye	es.						
			District		When				
			District		When	Case number			
			District	-	When	Case number			
10.	Are any bankruptcy	■ No	0						
	cases pending or being filed by a spouse who is not filing this case with	□ Ye	es.						
	you, or by a business partner, or by an affiliate?								
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your		o. Go to I	ine 12.					
	residence?	<b>■</b> Ye	l las	our landlord obta	ained an eviction judgment against	you?			
		<b>—</b> 16	<del></del>	No. Go to line					
			_			udament Against Vou (Form 1011) and file	it with this		
				bankruptcy pe		udgment Against You (Form 101A) and file	ti with this		

art	3: Report About Any Bu	sinesses `	You Own	as a Sole Proprieto	or	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.		
		☐ Yes.	Name	and location of busi	iness	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	Number, Street, City, State & ZIP Code		
	it to this petition.		Check		x to describe your business:	
					ness (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))	
				Commodity Broker	r (as defined in 11 U.S.C. § 101(6))	
				None of the above		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	re filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriates. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement ons, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedu. s.C. 1116(1)(B).			
	For a definition of small	No.	I am n	ot filing under Chapt	ter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.			
		☐ Yes.	I am fi	ling under Chapter 1	11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
art	4: Report if You Own or	Have Any	Hazardo	us Property or Any	y Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is t	he hazard?		
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			iate attention is why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?	Number, Street, City, State & Zip Code	

#### Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

Par	6: Answer These Quest	ions for Re	porting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily co			ned in 11 U.S.C. § 101(8) as "incurred by an		
		☐ No. Go to line 16b.						
			■ Yes. Go to line 17.					
		16b.	16b. <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you o	owe that are not consu	mer debts or busines	s debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	r 7. Go to line 18.				
	Do you estimate that after any exempt	■ Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?		■ No					
			☐ Yes					
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19 □ 200-99	· =	☐ 1,000-5,000 ☐ 5001-10,00 ☐ 10,001-25,0	0	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000		
19.	How much do you estimate your assets to be worth?	□ \$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$50,000,00	- \$10 million 1 - \$50 million 1 - \$100 million 01 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
20.	How much do you estimate your liabilities to be?	<b>\$100,0</b>	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$50,000,00	- \$10 million 1 - \$50 million 1 - \$100 million 01 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
Part	7: Sign Below							
For	you	I have exa	amined this petition, and I ded	clare under penalty of	perjury that the inform	nation provided is true and correct.		
						under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.		
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					t an attorney to help me fill out this		
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
		bankrupto and 3571.	y case can result in fines up			r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,		
		Rose M.	Nelly-Lescook of Debtor 1		Signature of Debtor	2		
		Executed	on February 26, 2019 MM / DD / YYYY		Executed on MM	/ DD / YYYY		

Official Form 101

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Charles J. Van Ness	Date	February 26, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Charles J. Van Ness 0047365		
Printed name		
Van Ness Law, Ltd.		
Firm name		
6181 Mayfield Road		
Suite 104		
Mayfield Heights, OH 44124-3222		
Number, Street, City, State & ZIP Code		
Contact phone (440) 461-4433	Email address	CJVLAW@Prodigy.Net
0047365 OH		
Bar number & State		

						2/27/19 2:26PM
Fill	in this inforn	nation to identify your c	ase:			
Deb	tor 1	Rose M. Nelly-Les				
Deb	tor 2	First Name	Middle Name	Last Name		
	use if, filing)	First Name	Middle Name	Last Name		
Unit	ed States Ba	nkruptcy Court for the:	NORTHERN DISTRICT OF OHI	0		
Cas	e number					
(if kno	_				☐ Ch	eck if this is an
					am	ended filing
Off	icial Fo	<u>rm 106Sum</u>				
Su	mmary o	f Your Assets a	nd Liabilities and Ce	rtain Statistical Information		12/15
infor	mation. Fill o	out all of your schedule		ng together, both are equally responsible nation on this form. If you are filing amen at the top of this page.		
I all	Julilin	arize Tour Assets				
						r assets e of what you own
1.	Schedule A	/B: Property (Official Fo	m 106A/R)			
١.					\$_	0.00
	1b. Copy line	e 62, Total personal prop	erty, from Schedule A/B		\$_	15,884.14
	1c. Copy line	e 63, Total of all property	on Schedule A/B		\$_	15,884.14
Part	2: Summ	arize Your Liabilities				
	<u> </u>				You	r liabilities
						unt you owe
2.			ims Secured by Property (Official		\$	15,551.00
		•		om of the last page of Part 1 of Schedule D	Ψ_	10,001100
3.			Insecured Claims (Official Form 1 (priority unsecured claims) from	06E/F) ine 6e of <i>Schedule E/F</i>	\$_	12,000.00
	3b. Copy th	e total claims from Part 2	(nonpriority unsecured claims) from	om line 6j of Schedule E/F	\$_	123,435.35
				Your total liabilities	\$	150,986.35
Part	3: Summ	arize Your Income and	Expenses			
4.		Your Income (Official Forome)			\$	3,573.34
5.		Your Expenses (Official				2 700 FF
	Copy your n	nonthly expenses from lin	e 22c of Schedule J		\$_	3,798.55
Part	4: Answe	r These Questions for A	Administrative and Statistical R	ecords		
6.	Are you fili	ng for bankruptcy unde	Chapters 7, 11, or 13?			
	☐ No. Yo	u have nothing to report	on this part of the form. Check this	s box and submit this form to the court with y	our other	schedules.
	Yes					
7.	What kind o	of debt do you have?				
				those "incurred by an individual primarily fo tistical purposes. 28 U.S.C. § 159.	r a persor	nal, family, or

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,098.66

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	12,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	93,122.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	105,122.00

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 2 of 2

					2/27/19 2:26PM
Fill in this i	nformation to identify you	r case and this filing:			
Debtor 1	Rose M. Nelly-L	escook			
20010	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing	) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT C	OF OHIO		
					_
Case number	er				Check if this is an amended filing
					umenaea ming
Official	Form 106A/B				
Sched	lule A/B: Pro	nertv			12/15
In each categ	ory, separately list and descri est. Be as complete and accu f more space is needed, attac	ibe items. List an asset only or rate as possible. If two married	nce. If an asset fits in more than c I people are filing together, both a I. On the top of any additional pag	are equally responsible for sup	plying correct
Part 1: Des	cribe Each Residence, Buildir	ng, Land, or Other Real Estate	You Own or Have an Interest In		
1. Do you ow	n or have any legal or equitab	ole interest in any residence, b	uilding, land, or similar property?		
No. Go	to Part 2.				
☐ Yes. W	here is the property?				
Part 2: Des	cribe Your Vehicles				
Yes  3.1 Make:	· Toyota	Who has an intere	est in the property? Check one	Do not deduct secured cla	
Mode	Caralla	■ Debtor 1 only	est in the property reconcerne	the amount of any secured Creditors Who Have Clain	
Year:	2016	Debtor 2 only		Current value of the	Current value of the
Appro	oximate mileage: 32	<b>2,000</b>	ebtor 2 only	entire property?	portion you own?
Other	information:	At least one of t	he debtors and another		
Fair	condition			\$11,700.00	¢44 700 00
		Check if this is (see instructions)	community property	\$11,700.00	\$11,700.00
		,			
			al vehicles, other vehicles, an sels, snowmobiles, motorcycle a		
Lxamples	. boats, trailers, motors, per	sorial watercraft, fishing vess	seis, showinobiles, motorcycle a	accessories	
■ No					
☐ Yes					
			tries from Part 2, including ar		\$11,700.00
				<u> </u>	
	cribe Your Personal and Hou		following itoms?		urrent velue of the
·	, , ,	itable interest in any of the	tollowing items?	<b>p</b>	current value of the ortion you own? or not deduct secured laims or exemptions.
	Id goods and furnishings s: Major appliances, furnitur	e, linens, china, kitchenware			
Official Form	106A/B	Schedu	le A/B: Property		page

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D	ebtor 1	Rose M. Nelly-Lescook	Case number (if known)	2/27/19 2:26PN
	■ Yes.	Describe		
		Misc. household goods and furnishings		\$500.00
7.	□ No	nics  les: Televisions and radios; audio, video, stereo, and digital equipmer including cell phones, cameras, media players, games  Describe	nt; computers, printers, scanners; music c	ollections; electronic devices
		Misc. electronic equipment		\$2,500.00
8.	Exampl ■ No	ibles of value  les: Antiques and figurines; paintings, prints, or other artwork; books, other collections, memorabilia, collectibles  Describe	pictures, or other art objects; stamp, coin,	or baseball card collections;
9.	Exampl  No	nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicyc musical instruments	cles, pool tables, golf clubs, skis; canoes a	and kayaks; carpentry tools;
10.	Firearr Examp ■ No	Describe  ms  ples: Pistols, rifles, shotguns, ammunition, and related equipment  Describe		
11.	□ No	ples: Everyday clothes, furs, leather coats, designer wear, shoes, acc  Describe	essories	
		Misc. clothes and shoes		\$150.00
12.	□ No	ry  ples: Everyday jewelry, costume jewelry, engagement rings, wedding  Describe	rings, heirloom jewelry, watches, gems, ç	gold, silver
		Misc. costume jewelry		\$25.00
13.	Exam <sub>l</sub> □ No	arm animals  ples: Dogs, cats, birds, horses  Describe		
		Dog		\$0.00
14.	■ No	ther personal and household items you did not already list, including Give specific information	ding any health aids you did not list	
15		the dollar value of all of your entries from Part 3, including any e art 3. Write that number here		\$3,175.00

Official Form 106A/B

Schedule A/B: Property

page 2

Best Case Bankruptcy

Debtor 1 Case number (if known) Rose M. Nelly-Lescook Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Yes Cash \$2.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... **Huntington National Bank (overdrawn)** \$0.00 17.1. Checking **Huntington National Bank** \$9.01 Savings 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: \$998.13 403(b) University Hospitals at Fidelity 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No ☐ Yes. ..... Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. Official Form 106A/B Schedule A/B: Property page 3

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De	ebtor 1	Rose M. I	Nelly-Lescook		Case number (if known)	
	26 U.S.0	C. §§ 530(b)(	1), 529A(b), and 529(b)(1).			
	■ No □ Yes		Institution name and description	Senarately file the records	s of any interests.11 U.S.C. § 521(c):	
25.	Trusts, ■ No	equitable o	r future interests in property (ot	her than anything listed i	n line 1), and rights or powers exercis	able for your benefit
		Give specific	c information about them			
26.			s, trademarks, trade secrets, and			
	Examp  ■ No	oles: Internet	domain names, websites, proceed	ls from royalties and licensi	ing agreements	
		Give specific	c information about them			
27.			es, and other general intangibles permits, exclusive licenses, coope		s, liquor licenses, professional licenses	
		Give specific	information about them			
M	oney or p	property ow	ed to you?			Current value of the
						portion you own?  Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed	to you			
		Give specific	information about them, including	whether you already filed t	the returns and the tax years	
29.	Family Examp		e or lump sum alimony, spousal su	pport, child support, mainte	enance, divorce settlement, property sett	lement
	■ No		, , , ,			
	☐ Yes. (	Give specific	information			
30.	Examp	oles: Unpaid v benefits	; unpaid loans you made to some		pay, vacation pay, workers' compensat	ion, Social Security
	☐ Yes.	Give specific	c information			
31.		ts in insurar bles: Health, o		savings account (HSA); cre	dit, homeowner's, or renter's insurance	
	■ Yes. I	Name the ins	surance company of each policy an Company name:	nd list its value.	Beneficiary:	Surrender or refund value:
			Group Term Life with	h Employer	Children	\$0.00
32.	If you a someon	are the benef ne has died.	perty that is due you from some iciary of a living trust, expect procest information		policy, or are currently entitled to receive	property because
33.	_Examp		d parties, whether or not you hats, employment disputes, insuranc		e a demand for payment	
	■ No □ Yes.	Describe ea	ch claim			
34.	Other c	contingent a	nd unliquidated claims of every	nature, including counter	rclaims of the debtor and rights to set	off claims
		Describe ea	ch claim			
Off	icial Form	n 106A/B		Schedule A/B: Property		page 4

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Debt	or 1 Rose M. Nelly-Lescook		Case number (if known)	2/27/19 2:26PM
	ny financial assets you did not already list			
	No			
	Yes. Give specific information			
	Add the dollar value of all of your entries from Part 4, includitor Part 4. Write that number here			\$1,009.14
Part 5	Describe Any Business-Related Property You Own or Have an Inte	erest In. List any real est	ate in Part 1.	
37. <b>D</b> o	you own or have any legal or equitable interest in any business-rela	ited property?		
	No. Go to Part 6.			
	es. Go to line 38.			
Part 6	Describe Any Farm- and Commercial Fishing-Related Property Yo If you own or have an interest in farmland, list it in Part 1.	u Own or Have an Intere	st In.	
46. <b>D</b>	o you own or have any legal or equitable interest in any farm	ı- or commercial fishiı	ng-related property?	
ı	No. Go to Part 7.			
[	Yes. Go to line 47.			
Part 7	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
	• •			
	o you have other property of any kind you did not already lis Examples: Season tickets, country club membership	t?		
	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write t	hat number here		\$0.00
			L	
Part 8	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$11,700.00		
57.	Part 3: Total personal and household items, line 15	\$3,175.00		
58.	Part 4: Total financial assets, line 36	\$1,009.14		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+ \$0.00		
62.	Total personal property. Add lines 56 through 61	\$15,884.14	Copy personal property total	s15,884.14
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$15,884.14

Official Form 106A/B Schedule A/B: Property page 5

Fill in this infor	mation to identify your	case:		
Debtor 1	Rose M. Nelly-Les	scook		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO	
Case number				
(if known)				☐ Check if this is an amended filing

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1.	Which set of exem	ptions are	you claiming?	Check one only	, even if	your spouse is	filing with	vou.
----	-------------------	------------	---------------	----------------	-----------	----------------	-------------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
2016 Toyota Corolla 32,000 miles	\$11,700.00		\$3,775.00	Ohio Rev. Code Ann. § 2329.66(A)(2)	
Line from Schedule A/B: 3.1			_ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		
Misc. household goods and furnishings	\$500.00		\$500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	202000(: )( : )( 2)	
Misc. electronic equipment Line from Schedule A/B: 7.1	\$2,500.00		\$2,500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Ellie Helli Gerredale 7VD.			100% of fair market value, up to any applicable statutory limit	2020:00(: )/(: )/(::/	
Misc. clothes and shoes Line from Schedule A/B: 11.1	\$150.00		\$150.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Ellie Holli Golliddio 702.			100% of fair market value, up to any applicable statutory limit		
Misc. costume jewelry Line from Schedule A/B: 12.1	\$25.00		\$25.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)	
Ellic Holli Geriodale FVD. 12-1			100% of fair market value, up to any applicable statutory limit	2020.00(/ )(4)(8)	

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

edule A/B: 16.1	Current value of the portion you own Copy the value from Schedule A/B \$2.00		\$2.00	Specific laws that allow exemption  Ohio Rev. Code Ann. § 2329.66(A)(18)
luntington National Bank	\$2.00	•	\$2.00 100% of fair market value, up to	
luntington National Bank			100% of fair market value, up to	
luntington National Bank			· · · · · · · · · · · · · · · · · · ·	
	<b></b>		any applicable statutory limit	
	\$0.00	•	\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
edule A/B: <b>17.1</b>			100% of fair market value, up to any applicable statutory limit	( // /
Checking: Huntington National Bank (overdrawn)			\$0.00	Ohio Rev. Code Ann. § 2329.66(A)(3)
			100% of fair market value, up to any applicable statutory limit	
_	\$9.01		\$9.01	Ohio Rev. Code Ann. § 2329.66(A)(3)
			100% of fair market value, up to any applicable statutory limit	
ersity Hospitals at	\$998.13		\$998.13	11 U.S.C. § 522(b)(3)(C)
edule A/B: <b>21.1</b>			100% of fair market value, up to any applicable statutory limit	
	\$0.00		\$0.00	Ohio Rev. Code Ann. §§ 2329.66(A)(6)(c), 3917.05
			100% of fair market value, up to any applicable statutory limit	
	edule A/B: 17.1  Intington National Bank edule A/B: 17.2  Persity Hospitals at edule A/B: 21.1  Life with Employer Children edule A/B: 31.1	edule A/B: 17.1  Intington National Bank edule A/B: 17.2  Persity Hospitals at \$998.13  Edule A/B: 21.1  Life with Employer Children edule A/B: 31.1  A ching a homestead exemption of more than \$160,37	edule A/B: 17.1  Intington National Bank edule A/B: 17.2  Intersity Hospitals at span span span span span span span span	sedule A/B: 17.1    100% of fair market value, up to any applicable statutory limit    100% of fair market value, up to any applicable statutory limit    100% of fair market value, up to any applicable statutory limit    100% of fair market value, up to any applicable statutory limit    100% of fair market value, up to any applicable statutory limit    100% of fair market value, up to any applicable statutory limit    100% of fair market value, up to any applicable statutory limit    100% of fair market value, up to any applicable statutory limit

						2/27/19 2:26PI
Fill in this informa	tion to identify you	ur case:				
Debtor 1	Rose M. Nelly-L					
Dahtar O	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bank	ruptcy Court for the	: NORTHERN DISTRICT OF O	HIO			
Case number						
(if known)					☐ Check	c if this is an
					amen	ded filing
Official Form	106D					
		Who Have Claims	Secured	hy Propert	v	12/15
	. Orcanors	Wile Have Glaims	<u> </u>	i by i ropert	<del>,</del>	12/10
		If two married people are filing togeth out, number the entries, and attach it				
number (if known).				, , , , , , , , , , , , , , , , , , , ,		
I. Do any creditors ha						
_		this form to the court with your other	r schedules. Yo	ou have nothing else t	o report on this form.	
Yes. Fill in al	Il of the information	below.				
Part 1: List All S	Secured Claims			O-1 A	Onlywan D	0-1
		more than one secured claim, list the cress a particular claim, list the other creditor		Column A  Amount of claim	Column B Value of collateral	Column C Unsecured
		ical order according to the creditor's nan		Do not deduct the	that supports this	portion
Global Lend	ding Services			value of collateral.	claim	If any
LLC		Describe the property that secures	the claim:	\$15,551.00	\$11,700.00	\$3,851.00
Creditor's Name		2016 Toyota Corolla 32,000	miles			
5 Concours	e Parkway NE	Fair condition				
Suite 2925	c r arkway NE	As of the date you file, the claim is: apply.	Check all that			
Atlanta, GA	30325	Contingent				
Number, Street, Ci	ity, State & Zip Code	Unliquidated				
		☐ Disputed				
Who owes the debt	? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as	mortgage or seco	ured		
Debtor 2 only		car loan)				
Debtor 1 and Debt		Statutory lien (such as tax lien, me	echanic's lien)			
☐ At least one of the☐ Check if this clair		Judgment lien from a lawsuit	Purchase M	Money Security		
community debt		Other (including a right to offset)	- 4.0140011			
Date debt was incurr	red 3/1/18	Last 4 digits of account num	nber <b>7590</b>			
Add the dellar value	o of your optrios in C	Column A on this page. Write that num	nhor horo:	\$15,55	51.00	
	-	Column A on this page. Write that num the dollar value totals from all pages				
Write that number I		. •		\$15,55	1.00	

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Write that number here:

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

									2/27	'/19 2:26PM
Fill in this infor	mation to identify your	case:								
Debtor 1	Rose M. Nelly-Les									
Dobtor 2	First Name	Middle	e Name	Last Nam	9					
Debtor 2 (Spouse if, filing)	First Name	Middle	e Name	Last Nam	9					
United States Ba	ankruptcy Court for the:	NORTHE	RN DISTRICT OF OF	HIO						
Case number										
(if known)			<del></del>					_	if this is and ded filing	1
Official For	m 106E/F									
Schedule I	E/F: Creditors W	ho Hav	e Unsecured	Claim	S				12/15	5
Schedule D: Credi left. Attach the Co name and case nu Part 1: List A	utory Contracts and Unexp itors Who Have Claims Sec- intinuation Page to this pag- imber (if known). All of Your PRIORITY Un- tors have priority unsecure	ured by Prope. If you haves	perty. If more space is reference is reference to replace to the reference	needed, co	py the Pai	rt you need, fi	II it out,	number the entries i	in the boxes	on the
☐ No. Go to	Part 2.									
Yes.										
identify what to possible, list the Part 1. If more	ur priority unsecured claims ype of claim it is. If a claim ha he claims in alphabetical orde e than one creditor holds a pa nation of each type of claim, s	as both priorit er according t rrticular claim	y and nonpriority amount o the creditor's name. If , list the other creditors in	s, list that o you have m n Part 3.	claim here a nore than to	and show both	priority a ecured cla	nd nonpriority amoun	its. As much	as e of
2.1 Interna	al Revenue Service		Last 4 digits of accour	nt number	0746	\$12,0	00.00	\$12,000.00		\$0.00
Priority C	reditor's Name		When was the debt inc	curred?	12/31/2	0016				
	x 7340 elphia, PA 19101-7346	6	When was the debt in	Juneu:	12/31/2	2010				
	Street City State Zip Code		As of the date you file	, the claim	is: Check	all that apply				
_	ed the debt? Check one.		☐ Contingent							
Debtor 1	only		Unliquidated							
Debtor 2	only		☐ Disputed							
Debtor 1	and Debtor 2 only		Type of PRIORITY uns	ecured cla	ıim:					
☐ At least of	one of the debtors and anothe	er	☐ Domestic support ob	oligations						
☐ Check if	this claim is for a commur	nity debt	Taxes and certain of	ther debts y	ou owe the	e government				
	subject to offset?		☐ Claims for death or p	personal inj	ury while y	ou were intoxio	cated			
■ No			Other. Specify						_	
☐ Yes			Inc	come tax	ces					
Part 2: List A	All of Your NONPRIORIT	Y Unsecur	ed Claims							
3. Do any credit	tors have nonpriority unsec	cured claims	against you?							
☐ No. You ha	ave nothing to report in this p	art. Submit th	nis form to the court with	your other	schedules.					
Yes.										
unsecured cla	ur nonpriority unsecured claim, list the creditor separately itor holds a particular claim, li	y for each cla	im. For each claim listed	, identify wl	nat type of	claim it is. Do r	not list cla	ims already included	in Part 1. Íf r	

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 12

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47450

			2/27/19 2:26F
Debto	Rose M. Nelly-Lescook	Case number (if known)	
4.1	AT&T Nonpriority Creditor's Name	Last 4 digits of account number	\$1,049.00
	PO Box 5014 Carol Stream, IL 60197-5080	When was the debt incurred?	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Cable TV/Internet Services	
4.2	AT&T Mobility	Last 4 digits of account number	\$1,730.00
	Nonpriority Creditor's Name PO Box 181929 Dallas, TX 75218	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	$\square$ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not	
	<u> </u>	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	☐ Yes	■ Other. Specify Cell phone service	
4.3	AT&T U-verse	Last 4 digits of account number	\$253.00
	Nonpriority Creditor's Name PO Box 5014	When was the debt incurred? 3/16/2018	
	Carol Stream, IL 60197-5014	7/10/2010	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	

debt

■ No

☐ Yes

Is the claim subject to offset?

Schedule E/F: Creditors Who Have Unsecured Claims

report as priority claims

Page 2 of 12

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 $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Cable TV/Internet Services

2/27/19 2:26PM Debtor 1 Rose M. Nelly-Lescook Case number (if known) 4.4 \$1,730.00 Credence Resource Management Last 4 digits of account number XXXX Nonpriority Creditor's Name 6045 Atlantic Blvd., Ste. 210 When was the debt incurred? Norcross, GA 30071 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Misc. factoring collection account ☐ Yes 4.5 Dept of Ed/Nelnet Last 4 digits of account number 5431 \$28,316.00 Nonpriority Creditor's Name 3015 Parker Rd. When was the debt incurred? 1/21/2018 Suite400 Aurora, CO 80014 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

**Student Loans** 

Student Loans

4.6 Dept of Ed/Nelnet Last 4 digits of account number \$56.073.00 5431 Nonpriority Creditor's Name 3015 Parker Rd. When was the debt incurred? 11/21/2017 Suite400 Aurora, CO 80014 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only □ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify

Official Form 106 E/F

☐ Yes

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Other. Specify

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				2/27/19 2:26PM
Debto	r 1 Rose M. Nelly-Lescook		Case number (if known)	
4.7	Dish Network	Last 4 digits of account number	xxxx	\$216.00
	Nonpriority Creditor's Name	When was the debt incurred?		
	Echostar Satelite Corp. 5701 S Sante Fe Drive	when was the debt incurred?		
	Littleton, CO 80120			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Cable TV/Ir	nternet Services	
4.8	Dominion Energy Ohio	Last 4 digits of account number		\$3,574.00
	Nonpriority Creditor's Name	-		· ·
	PO Box 26785	When was the debt incurred?	2016	
	Richmond, VA 23261-6785  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	, ,		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Utility serv	ice	
4.9	Eaton Family Federal Credit Union	Last 4 digits of account number	1550	\$3,998.00
	Nonpriority Creditor's Name	-	<del></del>	<b>,</b> ,,
	333 Babbitt Road Ste 100 Euclid, OH 44123-1636	When was the debt incurred?	12/14/2011	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 12

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Auto loan deficiency balance

Debto	Rose M. Nelly-Lescook		Case number (if known)	
4.1	Emergency Professional Services	Last 4 digits of account number	XXXX	\$976.00
	Nonpriority Creditor's Name PO Box 634704	When was the debt incurred?	9/22/2014	
	Cincinnati, OH 45263-4704  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecure	I claim:	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	☐ Student loans	ration agreement or divorce that you did not	
	■ No	Other. Specify Medical ser	•	
4.1	Emergency Professional Services	Last 4 digits of account number		\$867.00
	Nonpriority Creditor's Name PO Box 634704 Cincinnati, OH 45263-4704	When was the debt incurred?	1/7/2019	-
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Disputed  Type of NONPRIORITY unsecured  ☐ Student loans	d claim:	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Medical set	rvices	-
4.1	Enhanced Recovery Company Nonpriority Creditor's Name	Last 4 digits of account number		\$1,278.00
	8014 Bayberry Rd Jacksonville, FL 32256	When was the debt incurred?		-
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans	d claim:	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other Specify Misc. facto	ring collection account	_

Schedule E/F: Creditors Who Have Unsecured Claims

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			2/27/19 2:26PI
btor 1 Rose M. Nelly-Lescook		Case number (if known)	
First Federal Credit Control	Last 4 digits of account number		\$435.00
Nonpriority Creditor's Name	When we the debt in some 42		
PO BOX 630838	When was the debt incurred?		
Cincinnati, OH 45263-0838			
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Misc. factor	ring collection account	
 7			
First Federal Credit Control	Last 4 digits of account number		\$375.00
Nonpriority Creditor's Name	When was the debt incurred?		
PO BOX 630838			
Cincinnati, OH 45263-0838			
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
_	П		
Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	Disputed	d alaim.	
At least one of the debtors and another	Type of NONPRIORITY unsecure  ☐ Student loans	d Claim:	
☐ Check if this claim is for a community debt	_		
Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
□ Yes	Other. Specify Misc. factor	• • • • • • • • • • • • • • • • • • • •	
 1			
NeInet Nonpriority Creditor's Name	Last 4 digits of account number		\$4,369.00
Department of Education	When was the debt incurred?	7/5/2017	
PO Box 740283			
Atlanta, GA 30374-0283		: OL	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	IS: Check all that apply	
_	☐ Contingent		
■ Debtor 1 only	☐ Unliquidated		
Debtor 2 only	☐ Disputed		
☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	d claim:	
☐ At least one of the debtors and another	Student loans		
☐ Check if this claim is for a community debt	_	protion or an one of or divor the transfer distant	
Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	

■ No
□ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

 $\square$  Other. Specify

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 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Student Loans

Debto	r 1 Rose M. Nelly-Lescook		Case number (if known)	
4.1 6	Nelnet	Last 4 digits of account number		\$949.00
0	Nonpriority Creditor's Name Department of Education PO Box 740283	When was the debt incurred?	7/5/2017	·
	Atlanta, GA 30374-0283  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?  ■ No	report as priority claims  Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	Other. Specify		
		Student Lo	pans	
4.1 7	Nelnet	Last 4 digits of account number		\$1,569.00
	Nonpriority Creditor's Name  Department of Education PO Box 740283	When was the debt incurred?	2/24/2014	
	Atlanta, GA 30374-0283  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
		☐ Unliquidated		
	Debtor 2 only	☐ Disputed		
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecure	ed claim:	
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts	
	Yes	☐ Other. Specify		
		Student Lo	pans	
4.1 8	Owners Management Company	Last 4 digits of account number		\$1,607.00
	Nonpriority Creditor's Name 25250 Rockside Road Bedford, OH 44146	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community debt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sep</li></ul>	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-shari	ng plans, and other similar debte	
	<b>—</b> NO	- Dobie to periordi di profit-sitati	ng piano, and other onimal debto	

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

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lacktriangledown Other. Specify Misc. factoring collection account

Deht	or 1 Paga M Nally Laggack	Case number (if known)	2/27/19 2:26PN
Debi	or 1 Rose M. Nelly-Lescook	Case number (if known)	
4.1 9	Owners Management Company	Last 4 digits of account number 38	\$1,677.00
	Nonpriority Creditor's Name 25250 Rockside Road Bedford, OH 44146	When was the debt incurred? 10/30/2018	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Rental/Leasing	
4.2 0	Pediatric Partners of Cleveland	Last 4 digits of account number 2979	\$220.00
	Nonpriority Creditor's Name 23250 Chagrin Blvd. Beachwood, OH 44122	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Misc. factoring collection account	
4.2	Progressive	Last A digits of account number	\$280.00
1	Nonpriority Creditor's Name	Last 4 digits of account number	<b>4200.00</b>
	10619 South Jordan Gateway Ste. 100	When was the debt incurred? 7/9/2018	
	South Jordan, UT 84095  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	

debt

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

report as priority claims

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 $\hfill\Box$  Check if this claim is for a community

Is the claim subject to offset?

 $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Insurance premiums

otor 1 Rose M. Nelly-Lescook	Case number (if known)	2/27/19 2:26
The General Insurance Company	Lost 4 divite of account number	\$154.00
Nonpriority Creditor's Name 2636 Elm Pike Hill	Last 4 digits of account number  When was the debt incurred?  8/7/2014	Ψ134.00
Suite 510 Nashville, TN 37214 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	□ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Insurance premiums	
Nonpriority Creditor's Name 6896 Miller Road Brecksville, OH 44141 Number Street City State Zip Code	When was the debt incurred? 2016  As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	☐ Contingent	
■ Debtor 1 only □ Debtor 2 only	■ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Utility service	
University Hospitals Bedford	Last 4 digits of account number	\$679.0
Nonpriority Creditor's Name Medical Center 44 Blaine Ave.	When was the debt incurred? 10/4/2018	
Bedford, OH 44146	_	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	

■ Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

 $\hfill \square$  At least one of the debtors and another

 $\hfill\square$  Check if this claim is for a community debt

Is the claim subject to offset?

■ No ☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

 $\hfill \Box$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical services

Schedule E/F: Creditors Who Have Unsecured Claims Official Form 106 E/F

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Debto	or 1 Rose M. Nelly-Lescook		Case number (if known)	2/2//13 2.2011
4.2	Ursuline College	Lock A digito of account number	0746	\$2,964.46
5	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ2,304.40
	2550 Lander Road Cleveland, OH 44124	When was the debt incurred?	2012	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Tuition and	l fees	
4.2	US Bank	Lock A digito of account number	6577	\$1,846.00
6	Nonpriority Creditor's Name	Last 4 digits of account number		ψ1,040.00
	PO Box 790408	When was the debt incurred?	2/24/2014	
	Saint Louis, MO 63179  Number Street City State Zip Code	As of the date you file, the claim	is: Chook all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	в. Спеск ан так арру	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	_	Student loans		
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	ng plans, and other similar debts	
	□ Yes	Other. Specify		
		Student Lo	ans	
4.2	Verizon Wireless	Last 4 digits of account number	4467	\$1,541.89
	Nonpriority Creditor's Name  Bankruptcy Department	When was the debt incurred?	2018-19	
	PO Box 3397	When was the dept incurred:	2010-19	
	Bloomington, IL 61702			
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent ■ Unliquidated		
	Debtor 2 only			
	Debtor 1 and Debtor 2 only	Disputed	d eleter.	
	At least one of the debtors and another	Type of NONPRIORITY unsecured	g claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	□ Yes	■ Other. Specify Cell phone	•	
	30	- Other, Specify		

Part 3: List Others to Be Notified About a Debt That You Already Listed

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 Rose M. Nelly-Lescook	Case number (if known)
Name and Address ARS 1643 NW 136th Ave Building H Suite 100 Sunrise, FL 33323	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number
Name and Address Ascendium Education 1110 USA Parkway Fishers, IN 46037	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number
Name and Address Ascendium Education 1110 USA Parkway Fishers, IN 46037	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number
Name and Address  Bureau of Account Management 3607 Rosemont Ave Camp Hill, PA 17011	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number
Name and Address  Commonwealth Finance 245 Main Street Scranton, PA 18519	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.11 of (Check one):
Name and Address Credence Resource Management LLC PO Box 2238 Southgate, MI 48195-4238	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.2 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number
Name and Address Credit Collection Services PO Box 607 Norwood, MA 02062	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.22 of (Check one):
Name and Address Credit Collection Services PO Box 607 Norwood, MA 02062	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number
Name and Address Diversified Consultants PO Box 551268 Jacksonville, FL 32255	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number
Name and Address Enhanced Recovery Company PO Box 57547 Jacksonville, FL 32241	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number
Name and Address Enhanced Recovery Company PO Box 57547 Jacksonville, FL 32241	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  Last 4 digits of account number
Name and Address I.C. System, Inc.	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims

Official Form 106 E/F Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Rose M. Nelly-Lescook	Case number (if known)					
444 Highway 96 East PO Box 64378 Saint Paul, MN 55164-0378		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Camerada, init coro-	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?					
Phoenix Financial Services LLC	Line 4.24 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
PO Box 361450 Indianapolis, IN 46236-1450		■ Part 2: Creditors with Nonpriority Unsecured Claims				
indianapons, ne 40230-1430	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?				
Ted S. Friedman, Esq.	Line 4.19 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
32901 Station Street #105		■ Part 2: Creditors with Nonpriority Unsecured Claims				

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 12,000.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 12,000.00
				Total Claim
	6f.	Student loans	6f.	\$ 93,122.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 30,313.35
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 123,435.35

Last 4 digits of account number

Fill in this information to identify your case:						
Debtor 1	Rose M. Nelly-Les					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF OHIO			
Case number					☐ Check if this is an amended filing	

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Liberty Hill Apartments
32450 Cromwell Dr.
Solon, OH 44139

State what the contract or lease is for
Residential apartment lease

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

					2/27/19 2:26PM
Fill in thi	s information to identify your	case:			
Debtor 1	Rose M. Nelly-Le	escook			
20010	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, fi	lling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO		
Case nun	nhor				
(if known)				☐ Check if th	nis is an
				amended	filing
O (()	. =				
Officia	al Form 106H				
Sche	dule H: Your Cod	lebtors			12/15
■ No □ Ye  2. Wi Arizo ■ No □ Ye  3. In Co	thin the last 8 years, have yo na, California, Idaho, Louisiana b. Go to line 3. es. Did your spouse, former spo	u lived in a community p a, Nevada, New Mexico, Pu ouse, or legal equivalent liv tors. Do not include your	roperty state or territo lerto Rico, Texas, Wash e with you at the time?	ry? (Community property states and territories ington, and Wisconsin.)  r if your spouse is filing with you. List the p	person shown
Form				sure you have listed the creditor on Sched 06G). Use Schedule D, Schedule E/F, or Schedule	nedule G to fill
	Name, Number, Street, City, State and 2	ZIP Code		Check all schedules that apply:	THE LITE GODE
2 4				□ Sahadula D. lina	
3.1	Name			☐ Schedule D, line ☐ Schedule E/F, line	
				☐ Schedule G, line	
	- N - I				
	Number Street City	State	ZIP Code		
3.2	Name			Schedule D, line	
3.2	Name			☐ Schedule E/F, line	
3.2					
3.2	Name  Number Street City	State	ZIP Code	☐ Schedule E/F, line	

Schedule H: Your Codebtors

Fill	in this information to identify your c	ase:					
Del	otor 1 Rose M. Nel	ly-Lescook					
1 -	otor 2						
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF OHIO				
	se number lown)		-				apter
0	fficial Form 106I				MM / DD	/ YYYY	
S	chedule I: Your Inc	ome					12/15
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	are married and not filing wi	ng jointly, and your s <sub>l</sub> ith you, do not includ	pouse is livi e informatio	ng with you, in n about your s	clude information about you pouse. If more space is nee	ur ded,
1.	Fill in your employment information.		Debtor 1		Debto	r 2 or non-filing spouse	
	If you have more than one job,	Employment status	■ Employed		□ Em	ployed	
	attach a separate page with information about additional	Employment status	☐ Not employed		□ Not	employed	
	employers.	Occupation	LPN				
	Include part-time, seasonal, or self-employed work.	Employer's name	University Hospi	tals			
	Occupation may include student or homemaker, if it applies.	Employer's address	3999 Richmond R Beachwood, OH				
		How long employed to	here? 11 mont	hs			_
Par	Give Details About Mor	nthly Income					
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	you have nothing to rep	oort for any li	ne, write \$0 in t	ne space. Include your non-fili	ng
	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all emplo	yers for that per	son on the lines below. If you	need
					For Debtor 1	For Debtor 2 or non-filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2. \$	4,333.3	8	
3.	Estimate and list monthly overt	ime pay.		3. +\$_	99.23	8 +\$N/A	

4,432.56

N/A

Calculate gross Income. Add line 2 + line 3.

Debto	r 1 _	Rose M. Nelly-Lescook	_		Case r	number (if known)		
					For	Debtor 1		Debtor 2 or n-filing spouse
(	Copy	y line 4 here	4.		\$	4,432.56	\$_	N/A
5. I	List a	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	58	a.	\$	503.08	\$	N/A
	5b.	Mandatory contributions for retirement plans	5l	b.	\$	0.00	\$	N/A
	5c.	Voluntary contributions for retirement plans	50	c.	\$	132.97	\$	N/A
	5d.	Required repayments of retirement fund loans	50	d.	\$	0.00	\$	N/A
	5e.	Insurance	56	e.	\$	223.17	\$	N/A
	5f.	Domestic support obligations	5f	f.	\$	0.00	\$	N/A
	5g.	Union dues	50	a.	\$	0.00	\$	N/A
	5h.	Other deductions. Specify:	,	h.+	- :	0.00		N/A
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		\$	859.22	\$	N/A
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,573.34	\$	N/A
; ;	8a. 8b. 8c. 8d. 8e. 8f.	Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	86 86 86 8	b. c. d. e.	\$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00	\$	N/A N/A N/A N/A
	8g.	Pension or retirement income	80		\$	0.00	\$_	N/A
	8h.	Other monthly income. Specify:	8l	h.+	\$	0.00	+ \$_	N/A
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [	\$	0.00	\$_	N/A
		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	3	3,573.34 + \$		N/A = \$ 3,573
 	Inclu other	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not sify:	r dep					Schedule J. 11. +\$(

12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies		\$_	3,573.34
				bined

monthly income

13. Do you expect an increase or decrease within the year after you file this form?

		N	0

Yes. Explain:

Fill	in this informa	tion to identify yo	our case:					
	tor 1	Rose M. Nell		ok		Che	eck if this is:	
D-1	tor 2	11000 1111 11011	.,				An amended filing	ota a sa a fa a Mara a fa a sa a sa
	ouse, if filing)						13 expenses as of	ving postpetition chapter the following date:
Unit	ed States Bankr	ruptcy Court for the	: NORTH	HERN DISTRICT OF OHIC	)		MM / DD / YYYY	
Cas	e numbe <b>r</b>							
(If k	nown)							
$\bigcirc$	fficial Fo	rm 106J						
		J: Your	Exper	ises				12/1
Be info	as complete a	and accurate as	possible.	. If two married people ar ich another sheet to this				or supplying correct
Par		ibe Your House	hold					
1.	Is this a joir No. Go to							
			in a separ	ate household?				
	□N							
			st file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of Del	btor 2.	
2.	•	e dependents?	☐ No					
	Do not list Do Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Daughter			■ Yes □ No
					Daughter		18	■ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
3.		enses include f people other t	han	No			_	
		d your depende		Yes				
Par	t 2: Estim	ate Your Ongoi	ng Monthl	y Expenses				
exp				uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
	ficial Form 10		u nave me	idded it on <i>Schedule i.</i> 1	our income		Your exp	enses
4.		or home owners and any rent for th		ses for your residence. I or lot.	nclude first mortgage	e 4.	\$	1,250.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's				4b.	:	12.00
		maintenance, re owner's associat		upkeep expenses		4c. 4d.	:	0.00
5.				our residence, such as ho	me equity loans	4u. 5.	·	0.00

tor 1 Rose M. Ne	elly-Lescook	Case num	ber (if known)	
Utilities:				
	eat, natural gas	6a.	\$	142.00
•	r, garbage collection	6b.	· ·	0.00
•	ell phone, Internet, satellite, and cable services	6c.	\$	344.00
6d. Other. Specif		6d.	\$	0.00
	·	od. 7.	\$	
Food and houseke			·	585.00
	dren's education costs	8.	\$	67.00
Clothing, laundry,	, ,	9.	\$	186.00
Personal care pro	ducts and services	10.	\$	175.00
Medical and denta	l expenses	11.	\$	75.00
Transportation. In	clude gas, maintenance, bus or train fare.			474.00
Do not include car		12.	· <u> </u>	174.00
Entertainment, clu	bs, recreation, newspapers, magazines, and boo	oks 13.	\$	87.00
Charitable contrib	utions and religious donations	14.	\$	0.00
Insurance.				
Do not include insu	rance deducted from your pay or included in lines 4	or 20.		
15a. Life insuranc		15a.	\$	0.00
15b. Health insura	ince	15b.	\$	0.00
15c. Vehicle insur		15c.	· -	179.00
15d. Other insurar		15d.	·	0.00
	de taxes deducted from your pay or included in lines		<b>—</b>	0.00
Specify:	ac taxes deducted from your pay or included in line:	5 4 01 20. 16.	\$	0.00
Installment or leas	o navmente:		Ψ	0.00
17a. Car payment		17a.	¢	389.55
			*	
17b. Car payment		17b.	·	0.00
17c. Other. Specif	·	17c.		0.00
17d. Other. Specif	·	17d.	\$	0.00
	alimony, maintenance, and support that you did		œ.	0.00
	ur pay on line 5, Schedule I, Your Income (Officia		·	
	ou make to support others who do not live with y		\$	0.00
Specify:		19.		
	y expenses not included in lines 4 or 5 of this for			
20a. Mortgages of		20a.		0.00
20b. Real estate t	axes	20b.	\$	0.00
20c. Property, hor	neowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenance	, repair, and upkeep expenses	20d.	\$	0.00
	s association or condominium dues	20e.	\$	0.00
	Pet food & care		+\$	40.00
			· · · · · · · · · · · · · · · · · · ·	
School activities			+\$	83.00
Unreimbursed e	mployee expenses		+\$	10.00
Calculate your mo	nthly expenses			
22a. Add lines 4 thr	• •		\$	3,798.55
	nonthly expenses for Debtor 2), if any, from Official	Form 106 L-2	\$	3,1 30.33
		1 01111 100 <b>J-</b> Z	·	
22c. Add line 22a a	nd 22b. The result is your monthly expenses.		\$	3,798.55
Calculate your mo	nthly net income			
	(your combined monthly income) from Schedule I.	222	<b>c</b>	0 E70 04
, ,	,	23a.	· -	3,573.34
23b. Copy your m	onthly expenses from line 22c above.	23b.	-\$	3,798.55
00- 01-				
	monthly expenses from your monthly income.	23c.	\$	-225.21
The result is	your monthly net income.	230.	Ψ	
	increase or decrease in your expenses within the expect to finish paying for your car loan within the year or do ms of your mortgage?			se or decrease because of
<b>—</b> 110.				
■ Yes. E	xplain here: Debtor will incur tuition and fees	for hor ours advice - "	- n	

Debtor 1	Rose M. Nelly-Les			
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
Case number	ankruptcy Court for the:	NORTHERN DISTRICT	OF OFFICE	
f known)				☐ Check if this is ar amended filing

Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
Di	id you pay or agree to pay someone who is NOT an attorney to	help you fill out bankruptcy forms?
	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)
tha	der penalty of perjury, I declare that I have read the summary and they are true and correct.	
^	/s/ Rose M. Nelly-Lescook	Signature of Debtor 2
	Rose M. Nelly-Lescook Signature of Debtor 1	Signature of Debitor 2

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Fill in this info	rmation to identify yo	ur case:				
Debtor 1	Rose M. Nelly-l	Middle Name	Las	t Name		
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Las	t Name		
United States B	Sankruptcy Court for the	e: NORTHERN DISTR	ICT OF OHIO			
Case number						
(if known)						☐ Check if this is an
						amended filing
	–					
Official Fo						
Statemen	t of Financial	Affairs for Ind	ividuals I	Filing for E	Bankruptcy	4/10
information. If number (if know	more space is needed wn). Answer every qu		et to this form.	On the top of an		
Part 1: Give	Details About Your N	Marital Status and Where	You Lived Be	fore		
1. What is yo	ur current marital sta	tus?				
☐ Marrie	ed					
■ Not ma	arried					
2. During the	last 3 years have yo	u lived anywhere other t	than where you	ı live now?		
_	last o years, have yo	a nved anywhere outer	man where you			
□ No						
■ Yes. L	ist all of the places you	I lived in the last 3 years.	Do not include v	where you live nov	V.	
Debtor 1 F	Prior Address:	Dates Debi		Debtor 2 Prior Ad	ddress:	Dates Debtor 2 lived there
21202 Cl Maple He	are Ave. eights, OH 44137	From-To: <b>2016</b>		☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
05400 D						
25400 Ro Apt. 412	ockside Rd.	From-To: <b>2016 - 6/2</b>		☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
Bedford,	OH 44146					
		ever live with a spouse of California, Idaho, Louisiana				rritory? (Community property and Wisconsin.)
_	Make sure vou fill out S	chedule H: Your Codebto	rs (Official Form	106H).		
	······································		( - (			
Part 2 Expl	ain the Sources of Yo	ur Income				
Fill in the to	otal amount of income y	employment or from oper you received from all jobs ou have income that you re	and all business	ses, including part	time activities.	calendar years?
□ No						
Yes. F	Fill in the details.					
		Debtor 1			Debtor 2	
		Sources of income Check all that apply.		income deductions and ons)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
Official Form 107		Statement of Financi		,	Bankruptcy	page

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Best Case Bankruptcy

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$9,348.44	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
For last calendar year: (January 1 to December 31, 2018)	■ Wages, commissions, bonuses, tips	\$52,609.81	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
For the calendar year before that: (January 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$10,917.00	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business		☐ Operating a business	
	☐ Wages, commissions, bonuses, tips	\$2,850.00	☐ Wages, commissions, bonuses, tips	
	Operating a business		☐ Operating a business	
List each source and the gross inc  ☐ No ☐ Yes. Fill in the details.	·	tely. Do not include income th	,	
	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	Food Stamps (est.)	\$1,866.00		
	Child Support (est)	\$700.00		
For the calendar year before that: (January 1 to December 31, 2017)	Food Stamps (est.)	\$1,866.00		
	Interest	\$274.00		
	Child Support (est)	\$4,200.00		
Part 3: List Certain Payments You	ı Made Before You Filed for	Bankruptcy		
	<b>2's debts primarily consume</b> <b>Debtor 2 has primarily consu</b> a personal, family, or househo	u <mark>mer debts.</mark> Consumer debts	are defined in 11 U.S.C. § 10	1(8) as "incurred by an
During the 90 days before ☐ No. Go to line	ore you filed for bankruptcy, di 7.	id you pay any creditor a total	of \$6,425* or more?	
☐ Yes List below	· · each creditor to whom you pai reditor. Do not include paymer			

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

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		* Subject		to an attorney for this ban 19 and every 3 years after		or after the date of	of adjustment.	
	Yes.			ve primarily consumer deed for bankruptcy, did you p		I of \$600 or more?	>	
		■ No.	Go to line 7.					
		□ Yes	List below each credi	tor to whom you paid a tota domestic support obligatio				
			attorney for this bank	ruptoy case.				
	Creditor'	s Name and	d Address	Dates of payment	Total amount paid	Amount you still owe	Was this pa	ayment for
7.	Insiders in of which you a business alimony.	clude your r ou are an of s you operat	elatives; any general pa ficer, director, person ir	tcy, did you make a paymartners; relatives of any gencontrol, or owner of 20% 11 U.S.C. § 101. Include pa	neral partners; partne or more of their voting	rships of which you securities; and a	ou are a genera ny managing a	al partner; corporation agent, including one fo
		Name and		Dates of payment	Total amount	Amount you	Reason for	this payment
					paid	still owe		
8.	insider? Include pa	yments on o	you filed for bankrupt debts guaranteed or cos nents to an insider	tcy, did you make any pa	yments or transfer a	ny property on a	ccount of a d	ebt that benefited an
	Insider's	Name and	Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment
					paiu	Still Owe	molude crec	iitoi s name
Par	t 4: Ider	ntify Legal /	Actions, Repossessio	ns, and Foreclosures				
9.	List all suc modification	ch matters, ii	ncluding personal injury atract disputes.	tcy, were you a party in a y cases, small claims action				
	Case title			Nature of the case	Court or agency		Status of th	ne case
10.			you filed for bankrupt nd fill in the details belo	tcy, was any of your prop w.	perty repossessed, fo	oreclosed, garnis	shed, attached	d, seized, or levied?
	_	So to line 11 Fill in the inf	formation below.					
	Creditor	Name and	Address	Describe the Property		Date		Value of the
				Explain what happene	ed			property
11.				ptcy, did any creditor, inc cause you owed a debt?	cluding a bank or fin	ancial institution	, set off any a	amounts from your

No

☐ Yes. Fill in the details.

**Creditor Name and Address** Describe the action the creditor took Date action was **Amount** taken

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

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Statement of Financial Affairs for Individuals Filing for Bankruptcy

17.	Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or Do not include any payment or transfer that you list  No Yes. Fill in the details.		or transfer any proper	ty to anyone who		
	Person Who Was Paid Address	Description and vertransferred	alue of any prop	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already list No  Yes. Fill in the details.	ness or financial affa as security (such as the	irs? he granting of a se			
	Person Who Received Transfer Address Person's relationship to you	Description and voproperty transferr			any property or received or debts change	Date transfer was made
19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No ☐ Yes. Fill in the details.		y property to a s	elf-settled tru	ust or similar device o	of which you are a
	Name of trust	Description and v	alue of the prope	erty transferr	ed	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Instru	ıments, Safe Deposit	Boxes, and Stor	rage Units		
<ul> <li>Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, close sold, moved, or transferred?</li> <li>Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokera houses, pension funds, cooperatives, associations, and other financial institutions.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>						
		ast 4 digits of ecount number	Type of accountinstrument	clo	te account was osed, sold, oved, or nsferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 yea cash, or other valuables?	r before you filed for	bankruptcy, any	/ safe deposi	t box or other deposi	tory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe the	contents	Do you still have it?
22.	Have you stored property in a storage unit or p  ■ No □ Yes. Fill in the details.	place other than your	home within 1 y	ear before yo	ou filed for bankruptc	y?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe the	contents	Do you still have it?

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Rose M. Nelly-Lescook

Case number (if known)

Pai	t 9:	Identify Property You Hold or Control for	Someone Else						
23.	•	ou hold or control any property that someo omeone.	ne else owns? Include any prope	rty y	ou borrowed from, are storing fo	r, or hold in trust			
		No							
		Yes. Fill in the details.							
		er's Name 'ess (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property	Value			
Pai	t 10:	Give Details About Environmental Informa	ation						
For	the pu	rpose of Part 10, the following definitions	apply:						
	toxic	onmental law means any federal, state, or substances, wastes, or material into the ai ations controlling the cleanup of these sub	ir, land, soil, surface water, groun	_	•				
		neans any location, facility, or property as in, operate, or utilize it, including disposal	•	law,	whether you now own, operate,	or utilize it or used			
	Haza	rdous material means anything an environi dous material, pollutant, contaminant, or s	mental law defines as a hazardou	s wa	ste, hazardous substance, toxic	substance,			
Rep	ort all	notices, releases, and proceedings that yo	ou know about, regardless of whe	n the	ey occurred.				
24.	Has a	ny governmental unit notified you that you	ı may be liable or potentially liable	e und	der or in violation of an environm	ental law?			
		No Yes. Fill in the details.							
		e of site 'ess (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice			
25.	Have	Have you notified any governmental unit of any release of hazardous material?							
	_	No Yes. Fill in the details.							
		e of site 'ess (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice			
26.	Have	you been a party in any judicial or adminis	strative proceeding under any env	/iron	mental law? Include settlements	and orders.			
		No							
		∕es. Fill in the details.							
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case			
Pai	t 11:	Give Details About Your Business or Con	nections to Any Business						
27.	Withi	n 4 years before you filed for bankruptcy, o	did you own a business or have a	ny of	f the following connections to an	y business?			
	ı	■ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	I	☐ A member of a limited liability company	(LLC) or limited liability partnersh	hip (L	LLP)				
	_	☐ A partner in a partnership		•					
	ı	☐ An officer, director, or managing execut	ive of a corporation						
	_	☐ An owner of at least 5% of the voting or equity securities of a corporation							

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Rose M. Nelly-Lescook			Case number (if known)			
	☐ No. None of the above applies. Go to P	Part 12.				
	■ Yes. Check all that apply above and fill	in the details below for each business.				
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business  Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.			
	Rose M. Nelly-Lescook (dba) 32325 Franklin Dr. Apt. 204A Solon, OH 44139	Independent contractor spray tanner	Dates business existed  EIN: Debtor's SSN  From-To 2017			
28.	Within 2 years before you filed for bankrupto institutions, creditors, or other parties.  No Yes. Fill in the details below.	cy, did you give a financial statement to a	nyone about your business? Include all financial			
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued				
Pai	t 12: Sign Below					
are with 18 U /s/ Ro		false statement, concealing property, or o	declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.			
Da		Date				
■ N □ N Did	you attach additional pages to Your Stateme lo es you pay or agree to pay someone who is not	an attorney to help you fill out bankrupto	y forms?			

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Fill in this inforn	nation to identify your	case:		
Debtor 1	Rose M. Nelly-Le			
Dobto. 1	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
	nkruptcy Court for the:	NORTHERN DIS		
Office Glates Bai	initiapitoy Gourt for the.	- NORTH ERRY DIO		
Case number				☐ Check if this is an amended filing
	nt of Intention		viduals Filing Under Chapt	er 7 12/15
_	vidual filing under cha	-	I out this form if:	
you have lease You must file this	ver is earlier, unless tl	and the lease has n vithin 30 days after	ot expired. you file your bankruptcy petition or by the date s e time for cause. You must also send copies to the	
	ople are filing togethe	r in a joint case, bo	oth are equally responsible for supplying correct	information. Both debtors must
	and accurate as possil our name and case nu		s needed, attach a separate sheet to this form. Or	n the top of any additional pages,
Part 1: List Yo	our Creditors Who Hav	e Secured Claims		
1. For any credito	ors that you listed in P	art 1 of Schedule D	: Creditors Who Have Claims Secured by Proper	ty (Official Form 106D), fill in the
information be	-		What do you intend to do with the property that	• • • • • • • • • • • • • • • • • • • •
identity the cre	editor and the property	illat is collateral	secures a debt?	as exempt on Schedule C?
Creditor's <b>G</b> name:	lobal Lending Servi	ces LLC	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of	2016 Toyota Coro	lla 32,000	Retain the property and enter into a Reaffirmation Agreement.	■ Yes
property securing debt:	miles Fair condition		Retain the property and [explain]:	
555ag 455a.				
	our Unexpired Persona			(000 : 15 4000) (11
in the information	n below. Do not list re	al estate leases. Un	in Schedule G: Executory Contracts and Unexpiner leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p)	he lease period has not yet ended.
Describe your u	nexpired personal pro	perty leases		Will the lease be assumed?
Lessor's name:	Llberty Hill Aբ	partments		□ No
				■ Yes
Description of lea Property:	sed <b>Residential a</b>	partment lease		
Part 3: Sign B	elow			
Official Form 108		Statement of Ir	ntention for Individuals Filing Under Chapter 7	page 1

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Best Case Bankruptcy

Debtor 1	Rose M. Nelly-Lescook	Case number (if known)
property	nalty of perjury, I declare that I have indicate that is subject to an unexpired lease.	ed my intention about any property of my estate that secures a debt and any personal
·	se M. Nelly-Lescook	Signature of Debtor 2
Sigr	nature of Debtor 1	
Date	∍ February 26. 2019	Date

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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Best Case Bankruptcy

Fill in	n this information to identify your case:				irected in this form and	d in Form
Debte	or 1 Rose M. Nelly-Lescook		122A-1S	upp:		
Debto (Spous	or 2 se, if filing)		_ <b>  ■</b> 1. ·	There is no pres	umption of abuse	
Unite	ed States Bankruptcy Court for the: Northern D	istrict of Ohio	-	applies will be n	o determine if a presumade under Chapter 7	•
Case (if know	e number wn)		-	The Means Test	icial Form 122A-2).  does not apply now be service but it could a	
					n amended filing	
Offi	icial Form 122A - 1				S	
Cha	apter 7 Statement of Your	<b>Current Month</b>	nly Incom	e		12/1
attach case n	complete and accurate as possible. If two married parases a separate sheet to this form. Include the line number (if known). If you believe that you are exemplying military service, complete and file Statement of Calculate Your Current Monthly Incom	ber to which the additional in oted from a presumption of a f Exemption from Presumption	nformation applies buse because you	s. On the top of an	ny additional pages, wri narily consumer debts o	te your name and or because of
1.	What is your marital and filing status? Check	one only.				
	■ Not married. Fill out Column A, lines 2-11.					
	$\square$ Married and your spouse is filing with you	. Fill out both Columns A a	nd B, lines 2-11.			
	$\square$ Married and your spouse is NOT filing with	h you. You and your spoւ	ıse are:			
	☐ Living in the same household and are n	ot legally separated. Fill o	out both Columns	A and B, lines 2	2-11.	
	☐ Living separately or are legally separate penalty of perjury that you and your spous living apart for reasons that do not include	se are legally separated und	der nonbankrupt	cy law that applie	es or that you and you	
10 <sup>-</sup> the	Il in the average monthly income that you received f 1(10A). For example, if you are filing on September 15, e 6 months, add the income for all 6 months and divide ouses own the same rental property, put the income fro	the 6-month period would be Note that the total by 6. Fill in the result.	March 1 through Au Do not include any	gust 31. If the amount m	ount of your monthly incor ore than once. For examp	ne varied during ble, if both
			Colu Debi	mn A or 1	Column B Debtor 2 or non-filing spouse	
	Your gross wages, salary, tips, bonuses, over payroll deductions).	·	`   \$	5,098.66	\$	
	<b>Alimony and maintenance payments.</b> Do not i Column B is filled in.	nclude payments from a sp	oouse if \$	0.00	\$	
	All amounts from any source which are regul of you or your dependents, including child so from an unmarried partner, members of your hou and roommates. Include regular contributions fro filled in. Do not include payments you listed on li	<ul><li>upport. Include regular con usehold, your dependents, om a spouse only if Column</li></ul>	ntributions parents,	0.00	\$	
5.	Net income from operating a business, profe	•	_			
		Debtor	1			
	Gross receipts (before all deductions)	\$ 0.00				
	Ordinary and necessary operating expenses	-\$ <u>0.00</u>	py here -> \$	0.00	\$	
	Net monthly income from a business, profession		py nere -> \$	0.00	Φ	
6.	Net income from rental and other real proper	ty Debtor	1			
	Gross receipts (before all deductions)	\$ 0.00				
	Ordinary and necessary operating expenses	-\$ 0.00				
	Net monthly income from rental or other real pro	perty \$ 0.00 Co	py here -> \$	0.00	\$	
	Interest dividends and royalties	· · ———	\$	0.00	\$	

Official Form 122A-1

**Chapter 7 Statement of Your Current Monthly Income** 

page 1

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			Column A Debtor 1		Column B Debtor 2 or	
8. Unemployment compensation			\$	0.00	non-filing spouse	
Do not enter the amount if you contend that the amou	unt received was a ben	efit under	· ———	0.00	Ψ	_
the Social Security Act. Instead, list it here:						
For your spouse	\$(	0.00				
Pension or retirement income. Do not include any a	Ψ amount received that w	/as a				
benefit under the Social Security Act.			\$	0.00	\$	_
10. Income from all other sources not listed above. S Do not include any benefits received under the Socia received as a victim of a war crime, a crime against h domestic terrorism. If necessary, list other sources or total below.	Security Act or paymental numanity, or internation	ents al or	¢	0.00	¢	
·			φs	0.00	\$ \$	_
Total amounts from separate pages, if any.			\$	0.00	\$ \$	-
11. Calculate your total current monthly income. Add	lines 2 through 10 for			1		_
each column. Then add the total for Column A to the		\$	5,098.66	+ \$	= \$_	5,098.66
					Tota	Il current monthly
Part 2: Determine Whether the Means Test Applies	s to You				inco	me
12. Calculate your current monthly income for the year	•					
12a. Copy your total current monthly income from line	e 11		Сору	/ line 11 h	sere=> \$	5,098.66
Multiply by 12 (the number of months in a year)					х	12
12b. The result is your annual income for this part of	the form				12b. \$	61,183.92
13. Calculate the median family income that applies to	o you. Follow these ste	eps:				
Fill in the state in which you live.	ОН					
Fill in the number of people in your household.	3					
Fill in the median family income for your state and siz To find a list of applicable median income amounts, g for this form. This list may also be available at the bar	o online using the link		in the separa			73,182.00
14. How do the lines compare?						
<ul><li>14a. Line 12b is less than or equal to line 13.</li><li>Go to Part 3.</li></ul>	On the top of page 1, o	check box	1, There is r	no presum	ption of abuse.	
14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	o of page 1, check box	2, The pro	esumption of	abuse is o	determined by Form	122A-2.
Part 3: Sign Below						
By signing here, I declare under penalty of perju	ry that the information	on this sta	atement and	in any atta	chments is true and	correct.
X /s/ Rose M. Nelly-Lescook Rose M. Nelly-Lescook Signature of Debtor 1						
Date February 26, 2019 MM / DD / YYYY						
If you checked line 14a, do NOT fill out or file Fo	orm 122A-2.					
If you checked line 14b, fill out Form 122A-2 and	d file it with this form.					

Official Form 122A-1

**Chapter 7 Statement of Your Current Monthly Income** 

page 2

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## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## United States Bankruptcy Court Northern District of Ohio

	No	rtnern District of Onio			
In	re Rose M. Nelly-Lescook		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPEN	NSATION OF ATTOR	RNEY FOR DI	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered	l or to
	For legal services, I have agreed to accept		\$	895.00	
	Prior to the filing of this statement I have received			145.00	
	Balance Due			750.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed compe	ensation with any other person	unless they are mem	bers and associates of my la	w firm.
	☐ I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the name				n. A
5.	In return for the above-disclosed fee, I have agreed to re-	nder legal service for all aspect	s of the bankruptcy of	ase, including:	
	<ul> <li>a. Analysis of the debtor's financial situation, and rende</li> <li>b. Preparation and filing of any petition, schedules, state</li> <li>c. Representation of the debtor at the meeting of credito</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and application</li> <li>522(f)(2)(A) for avoidance of liens on hour</li> </ul>	ement of affairs and plan which ors and confirmation hearing, an educe to market value; exe ns as needed; preparation	may be required; d any adjourned hea emption planning;	rings thereof;	of
6.	By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding.	does not include the following chargeability actions, judio	service: cial lien avoidanc	es, relief from stay actio	ons or
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of any bankruptcy proceeding.	agreement or arrangement for	payment to me for r	epresentation of the debtor(s	s) in
	February 26, 2019	/s/ Charles J. Van	Ness		
	Date	Charles J. Van Ne			
		Signature of Attorne Van Ness Law, Lt			
		6181 Mayfield Ro			
		Suite 104	OU 44424 2222		
		Mayfield Heights, (440) 461-4433 F		1	
		CJVLAW@Prodig		<del>-</del>	
		Name of law firm			

### United States Bankruptcy Court Northern District of Ohio

In re	ROSE M. NEIIY-LESCOOK		Case No.	
		Debtor(s)	Chapter	7
	VER	IFICATION OF CREDITOR I	MATRIX	
Γhe ab	ove-named Debtor hereby verifies	that the attached list of creditors is true and co	orrect to the best	of his/her knowledge.
Date:	February 26, 2019	/s/ Rose M. Nelly-Lescook		
		Rose M. Nelly-Lescook		
		Signature of Debtor		

ARS 1643 NW 136th Ave Building H Suite 100 Sunrise, FL 33323

Ascendium Education 1110 USA Parkway Fishers, IN 46037

AT&T PO Box 5014 Carol Stream, IL 60197-5080

AT&T Mobility PO Box 181929 Dallas, TX 75218

AT&T U-verse PO Box 5014 Carol Stream, IL 60197-5014

Bureau of Account Management 3607 Rosemont Ave Camp Hill, PA 17011

Commonwealth Finance 245 Main Street Scranton, PA 18519

Credence Resource Management 6045 Atlantic Blvd., Ste. 210 Norcross, GA 30071

Credence Resource Management LLC PO Box 2238 Southgate, MI 48195-4238

Credit Collection Services PO Box 607 Norwood, MA 02062

Dept of Ed/Nelnet 3015 Parker Rd. Suite400 Aurora, CO 80014 Dish Network Echostar Satelite Corp. 5701 S Sante Fe Drive Littleton, CO 80120

Diversified Consultants PO Box 551268 Jacksonville, FL 32255

Dominion Energy Ohio PO Box 26785 Richmond, VA 23261-6785

Eaton Family Federal Credit Union 333 Babbitt Road Ste 100 Euclid, OH 44123-1636

Emergency Professional Services Inc PO Box 634704 Cincinnati, OH 45263-4704

Enhanced Recovery Company 8014 Bayberry Rd Jacksonville, FL 32256

Enhanced Recovery Company PO Box 57547 Jacksonville, FL 32241

First Federal Credit Control PO BOX 630838 Cincinnati, OH 45263-0838

Global Lending Services LLC 5 Concourse Parkway NE Suite 2925 Atlanta, GA 30325

I.C. System, Inc.
444 Highway 96 East
PO Box 64378
Saint Paul, MN 55164-0378

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Nelnet Department of Education PO Box 740283 Atlanta, GA 30374-0283

Owners Management Company 25250 Rockside Road Bedford, OH 44146

Pediatric Partners of Cleveland 23250 Chagrin Blvd. Beachwood, OH 44122

Phoenix Financial Services LLC PO Box 361450 Indianapolis, IN 46236-1450

Progressive 10619 South Jordan Gateway Ste. 100 South Jordan, UT 84095

Ted S. Friedman, Esq. 32901 Station Street #105 Solon, OH 44139

The General Insurance Company 2636 Elm Pike Hill Suite 510 Nashville, TN 37214

The Illuminating Company 6896 Miller Road Brecksville, OH 44141

University Hospitals Bedford Medical Center 44 Blaine Ave. Bedford, OH 44146 Ursuline College 2550 Lander Road Cleveland, OH 44124

US Bank PO Box 790408 Saint Louis, MO 63179

Verizon Wireless Bankruptcy Department PO Box 3397 Bloomington, IL 61702